

[Hospital or Clinic Name]
[Department of Radiation Oncology]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Patient ID: [ID Number]

Dear [Patient Name],

This is a reminder regarding your ongoing radiation therapy schedule. Consistent attendance is critical to the effectiveness of your treatment plan.

Your upcoming appointments are scheduled as follows:

- Date: [Date] at [Time]
- Date: [Date] at [Time]
- Date: [Date] at [Time]
- Date: [Date] at [Time]
- Date: [Date] at [Time]

Location: [Facility Name/Building/Room Number]

Important Instructions:

- Please arrive 15 minutes prior to your scheduled time.
- Follow all skin care and dietary instructions provided by your radiation therapist.
- If you are feeling unwell or have a fever, please notify us before your appointment.

If you need to reschedule or are unable to attend, please contact our office immediately at [Phone Number] so we can adjust your treatment calendar.

Sincerely,

[Staff Name/Department]
[Hospital or Clinic Name]